



Serving the People of California

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C or D and P.
Please see enclosure for instructions, or refer to the California Employer Guide, DE 44.

QUARTERLY WAGE AND WITHHOLDING REPORT

PLEASE TYPE THIS FORM — DO NOT ALTER PREPRINTED INFORMATION

Approved Extension To _____

Page number _____ of _____

QUARTER
ENDED _____

DUE _____

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY _____

| | |
|----|-----|
| YR | QTR |
| | |

EMPLOYER ACCOUNT NO.

| | | | | | | | | | | |
|----------------|------------------------|---|---|-----|-----|-----|-----|--|--|--|
| DEPT. USE ONLY | DO NOT ALTER THIS AREA | | | | | | | | | |
| | P1 | C | T | S | W | A | | | | |
| | EFFECTIVE DATE | | | Mo. | Day | Yr. | WIC | | | |
| | | | | | | | | | | |

A. NUMBER OF EMPLOYEES full-time and part-time who worked during or received pay (subject to UI wages) for payroll period which includes the 12th of the month.

| | | |
|---------|---------|---------|
| 1st Mo. | 2nd Mo. | 3rd Mo. |
| | | |

B. Check this box if you are reporting ONLY Voluntary Plan DI wages on this page. ☐
Report PIT Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL D. ☐ OUT OF BUSINESS/FINAL REPORT

| | | | | |
|-----------------------------------|---|------------------------------|---------------------------------|-----------------|
| E. SOCIAL SECURITY ACCOUNT NUMBER | F. EMPLOYEE NAME (FIRST, MIDDLE, INITIAL, LAST) | G. TOTAL SUBJECT WAGES | H. PIT WAGES | I. PIT WITHHELD |
| E. SOCIAL SECURITY ACCOUNT NUMBER | F. EMPLOYEE NAME (FIRST, MIDDLE, INITIAL, LAST) | G. TOTAL SUBJECT WAGES | H. PIT WAGES | I. PIT WITHHELD |
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| E. SOCIAL SECURITY ACCOUNT NUMBER | F. EMPLOYEE NAME (FIRST, MIDDLE, INITIAL, LAST) | G. TOTAL SUBJECT WAGES | H. PIT WAGES | I. PIT WITHHELD |
| E. SOCIAL SECURITY ACCOUNT NUMBER | F. EMPLOYEE NAME (FIRST, MIDDLE, INITIAL, LAST) | G. TOTAL SUBJECT WAGES | H. PIT WAGES | I. PIT WITHHELD |
| E. SOCIAL SECURITY ACCOUNT NUMBER | F. EMPLOYEE NAME (FIRST, MIDDLE, INITIAL, LAST) | G. TOTAL SUBJECT WAGES | H. PIT WAGES | I. PIT WITHHELD |
| J. TOTAL SUBJECT WAGES THIS PAGE | | K. TOTAL PIT WAGES THIS PAGE | L. TOTAL PIT WITHHELD THIS PAGE | |
| M. GRAND TOTAL SUBJECT WAGES | | N. GRAND TOTAL PIT WAGES | O. GRAND TOTAL PIT WITHHELD | |

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

Preparer's
Signature _____

Title _____

(Owner, Accountant, Preparer, etc.)

Date _____ Phone () _____